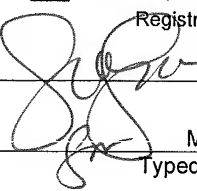


|  |            |   |             |
|--|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>1173-1025PUS2   |             |
| Application Number      10/820,809-Conf. #9486   |            | Filed      April 9, 2004                    |             |
| For      COMPUTER-BASED MODEL FOR IDENTIFICATION AND CHARACTERIZATION FOR NON-COMPETITIVE INHIBITORS OF NICOTINIC ACETYLCHOLINE RECEPTORS AND RELATED LIGAND-GATED ION CHANNEL RECEPTORS   |            |   |             |
| Art Unit      1631   |            | Examiner      M. L. Borin                   |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |             |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                     |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230                                       | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                                       | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640     | \$820                                       | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230     | \$1115                                      | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      02-2448      . I have enclosed a duplicate copy of this sheet. |            |   |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.   |            |   |             |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      36,623   |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.  |            |   |             |
| Registration number if acting under 37 CFR 1.34      _____   |            |   |             |
| <br>_____<br>Signature  |            | NOV 21 2007<br>_____<br>Date                |             |
| Mark J. Nuell<br>_____<br>Typed or printed name  |            | (858) 356-5959<br>_____<br>Telephone Number |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                    |            |   |             |
| <input type="checkbox"/> Total of      1      forms are submitted.   |            |   |             |